

Purchase HALFLYTELY prep kit at any pharmacy

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Procedure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_ Report to Facility: \_\_\_\_\_

**Day Before Examination: NO SOLID FOOD**

1. Mix bowel preparation according to instructions and refrigerate. (Fill to the line with warm water, mix, and refrigerate early in AM).
2. Drink only FULL and CLEAR liquids until 6:00 PM. **FULL LIQUIDS ALLOWED:** Milk (plain and chocolate), plain milkshakes (vanilla, chocolate, coffee), plain ice cream (vanilla, chocolate, coffee), orange juice, yogurt with no fruit, cream soups without any solids. **CLEAR LIQUIDS ALLOWED:** Black coffee or tea, water, clear fruit juices like apple, white grape or cranberry, flavored Jell-O without fruit, broth/bouillon, Kool-Aid, ice pops, Italian ices, any soda or Gatorade. Please avoid drinking liquids that are red or purple in color.
3. At 12:00 noon, take the 2 Bisacodyl delayed-release tablets with water. **DO NOT** chew or crush tablets. **DO NOT** take tablets within one (1) hour of taking an antacid. A bowel movement should occur within one (1) to six (6) hours from the time you take the Bisacodyl tablets.
4. At 6:00 p.m. begin drinking the prep. Drink an 8 oz. glass every 10-15 minutes. Drink each glass quickly rather than drinking small amounts continuously. BE SURE TO DRINK **ALL** THE SOLUTION. It will take you one (1) to two (2) hours to finish drinking the HALFLYTELY.
5. You may feel bloated and nauseated at first (this is common and should disappear after bowel movements begin).
6. Stool should be liquid and clear eventually.
7. After completing HALFLYTELY/BISACODYL, you may resume clear liquids only (as listed above). You may continue to have clear liquids up to 6 hours before the procedure, then nothing by mouth.
8. Your medication instructions are:
  - \_\_\_\_\_ Take all your medication as usual (including blood pressure and cardiac)
  - \_\_\_\_\_ No aspirin or aspirin-containing products for \_\_\_\_\_ days prior to test
  - \_\_\_\_\_ No coumadin for \_\_\_\_\_ days prior to test
  - \_\_\_\_\_ No iron or iron-containing medication for \_\_\_\_\_ days prior to test
  - \_\_\_\_\_ No NSAIDS (non-steroidal anti-inflammatory drugs) such as Aleve (Naproxyn), Ibuprofen (Motrin), Advil, or similar meds \_\_\_\_\_ days prior to test
  - \_\_\_\_\_ Special diabetic medication instructions: \_\_\_\_\_

Other: \_\_\_\_\_

**THE A.M. MEDS YOU ARE ALLOWED TO TAKE SHOULD BE TAKEN AT LEAST TWO (2) HOURS BEFORE THE PROCEDURE WITH A SIP OF WATER ON THE DAY OF YOUR PROCEDURE: SOMEONE MUST DRIVE YOU HOME FROM THE OFFICE, HOSPITAL, OR OUTPATIENT FACILITY. YOU MAY NOT DRIVE A CAR OR RETURN TO WORK UNTIL THE FOLLOWING MORNING.**

PLEASE LEAVE ALL YOUR VALUABLES AT HOME. YOU MAY BRING READING GLASSES TO READ AND SIGN PRE-PROCEDURE FORMS. **RGAL/MAGIC IS NOT RESPONSIBLE FOR YOUR VALUABLES.** Photo ID is required at time of check in for patient verification purposes.

Please phone RGAL if you have any questions and notify our office within 72 hours if you need to reschedule or cancel your procedure (717-544-3400). Failure to cancel your procedure within 72 hours will result in an additional charge as well as a charge for any non-cancelable ancillary services.

